



Michael R. Pence
Governor

CAMP SUMMIT BOOT CAMP
2407 N. 500 W. • LaPorte, Indiana 46350
Phone: (219) 326-1188 • Fax: (219) 326-9218

Bruce Lemmon
Commissioner

Dear Parent/Guardian:

I am writing to encourage you to maintain contact with your son who is now living at Camp Summit Boot Camp. It is a fact that youth who have regular contact with significant persons such as parents, family members and friends are better focused and prepared upon their release.

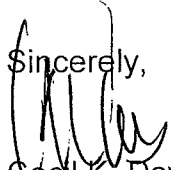
Enclosed with this letter you will find information regarding your son's counselor, visitation procedures and times, contact information, and transportation to the facility. Please review this information carefully and feel free to contact your son's counselor if you have any questions. This facility offers a variety of times throughout the week for visitation.

While your son is at this facility he will have the opportunity to further his education, participate in treatment groups designed to help him address the problems that led to his commitment, and prepare for a successful return home. The staff here will provide many opportunities for your son to make positive changes, educational advancement, and preparation for his re-entry.

I invite you to work together with your son at treatment team, to set goals and actively participate by providing support and encouragement. This can be a difficult period for him and your family. By working through this together, his chances for success can be enhanced.

If at any time you have questions regarding his progress, or the facility, please contact his counselor, _____ or Program Director Laura Gorbonosenko.

Sincerely,


Cecil K. Davis, Superintendent

Please complete and return the following enclosed documents as soon as possible.

- 1. Parent/Guardian Expectation Forms**
- 2. Application for Visiting Privilege Forms for all visitors**
- 3. Legible copy of ID/Driver's License for all persons over 16 years of age**
- 4. Legible copy of Birth Certificate for all persons under 16 years of age**



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Phone: (219) 326-1188 or (219) 874-9898 • Fax (219) 326-9218

Cecil K. Davis
Superintendent

TO: ALL Parents, Guardians & Students
Camp Summit Boot Camp

FROM: Cecil K. Davis, Superintendent
Camp Summit Boot Camp

DATE: April 4, 2016

RE: Approval to Bring Items to Camp Summit Boot Camp

Effective immediately, in order for items to be brought to students at Camp Summit Boot Camp the following advance approval procedure must be adhered to:

- Student will submit a written request to the Superintendent seeking approval for item(s) to be brought into the facility. This request must specify item(s) to be brought in (generally limited to gym shoes, black or white, (including brand name of shoes), prescription eyewear, who is bringing the item(s), and when they will be brought in.
- In the absence of the Superintendent the Acting Superintendent will handle;
- Superintendent's action will be made in writing and communicated to the student in advance of the visit. Requests should be submitted by Thursday noon, prior to the anticipated visit. Superintendent's action will be placed in the control post until the visit, and following the visit maintained with the student property inventory once same is updated.

Rev. 4-4-2016 cg

Parents/Guardians Bill of Rights

Indiana DOC/Division of Youth Services

The Division of Youth Services is dedicated to protecting, caring for and improving the lives of youth and the families of those children committed to the Department of Correction. We are committed to promoting an atmosphere of trust and compassion which improves the quality of life, conditions of confinement and reintegration and aftercare services which improve long-term outcomes for youth and their families. We are dedicated to increased family engagement initiatives which promote your parental rights and continued engagement with your child during their commitment to the Department of Correction, Division of Youth Services.”

1. As a parent/guardian, you have the right to know that you and your child will be treated fairly regardless of race, religion, national origin, language, economic status, disability, gender, sexual orientation, or age and that each child will be treated as an individual.

You and your child will be treated fairly by DYS staff, without regard to your age, gender, religion, sexual orientation, the color of your skin, the language you speak, the amount of money you have, the country you come from, or disabilities you may have. You and your child should always be treated with professionalism, respect, and dignity.

2. As a parent/guardian, you have the right to expect DYS to provide a safe, secure, and sanitary environment for your child.

As a parent/guardian, you have a right to expect that the environment your child is in will be safe, secure, and clean.

3. As a parent/guardian, you have the right not to be judged, blamed or labeled because of your child’s incarceration.

We recognize that there are many factors that contribute to a child being committed to DYS. Your child’s incarceration is not an indicator of your worth as a parent. DYS staff will not judge you because your child has been committed to DYS.

4. As a parent/guardian you have the right to be a vocal and active advocate on behalf of your child.

It is more important than ever before to be a vocal and active advocate on behalf of your child. Some ways to be involved are:

- The right to prohibit identifiable pictures or videos of your child from being disseminated for public use without your permission.
- The right to direct the religious training of your child.
- The right to file a complaint with the expectation that it will be tracked, investigated, and resolved in a timely manner in accordance with law, policies, or administrative directives.
- The right to access any policy or directive upon request unless it is confidential in nature.
- The right to express your concern and have it taken seriously without the threat or fear of retaliation against you or your child.

5. As a parent/guardian, you have the right to be an active participant when decisions are made about your child.

As a parent/guardian, you also still have the right to actively participate when decisions are made about your child. This may include:

- Participate in person or via telephone on any and all treatment teams.
- Participate in person or via telephone on any educational conference.
- Participate in person or via telephone for mental health/medical conferences
- Attend family sessions to review student’s progress in program

Parents/Guardians Bill of Rights

Indiana DOC/Division of Youth Services

6. As a parent/guardian, you have the right to be informed about matters related to your child's welfare.

Parents/guardians need information about their children. That need is especially critical when your child is away from you for long periods of time. While your son or daughter is in DYS, you have the right to be informed about different aspects of his or her welfare. Some of these rights include:

- The right to timely notification of your child's behavior, including any consequences for rule violations.
- The right to timely notifications of special events at your child's facility, including graduations or other activities.
- The right to be provided contact information for the Office of the Ombudsman.
- The right to timely notification if your child is assaulted injured, hospitalized, transferred to another facility, or escapes.
- The right to be informed of your child's progress in treatment, including medical, psychological, psychiatric, and educational progress.
- The right to be informed of serious or persistent medical conditions related to your child.

7. As a parent/guardian, you have the right to communicate with your child, including visitation, telephone, and mail.

Continued communication with your child is essential. You have the right to visit your child, talk to him or her on the telephone, and to send and receive letters from your child within guideline. Specifically, those rights include:

- The right to a timely visit with your child after properly arriving at the receiving facility.
- The right to have your child's mail and telephone calls handled in a respectful, timely fashion.
- The right to face-to-face contact visits with your child.
- The right to be informed, in a timely manner, of current policies and procedures that affect visiting with your child
- The right to have special visitation requests accommodated if approved by the facility, may included long-distance travel requirements, parent work schedules that preclude visiting during normal hours, or bereavement.
- The right to have accurate information about current visitation rules.

8. As a parent/guardian, you have the right to be assured that all DYS staff are professional, courteous, and respectful.

You have the right to expect that DYS staff will treat you and your child in a professional, courteous, and respectful manner. DYS staff will be professionals in their field. You have the right to know that they have been properly trained and credentialed for their job responsibilities. Furthermore, you should expect DYS staff to keep accurate records, from the time of your child's intake to his or her eventual discharge.

9. As a parent/guardian, you have the right to meaningful participation in your child's transition planning – from intake through community reentry and eventual discharge.

As a parent/guardian, you have the right to participate in the release planning, beginning at your child's initial commitment to DYS and continuing through the Community Supervision process all the way to his or her eventual discharge. Your rights include:

- The right to know that effective transition planning for your child, including early identification of youth and family needs and referral to appropriate services and resources, begins at intake and continues through reentry until discharge.
- The right to be informed of the services, support, and resources available to you and your child in your home community, including possible medical coverage and other government benefits.
- The right to be informed of your rights and responsibilities while your child is on community supervision.

CAMP SUMMIT BOOT CAMP
PERSONAL PROPERTY, COMMISSARY & STUDENT MAIL PROCEDURES

Personal Property Guidelines

Students may retain a Bible, letters, pictures (NO POLAROIDs), and prescription eyeglasses. Other necessities are provided by the facility. Students are not allowed to receive material of any kind printed from the internet, stamps, pre-stamped envelopes, stickers or any type of "musical" cards.

Commissary

There is **NO** commissary at Camp Summit, all food, hygiene & clothing items will be provided by the facility.

Mail Procedures

Camp Summit Students will be allowed to mail (2) two letters per week at State expense (3) three per week (at state expense), if they have a "collect call block". Students will receive paper & envelopes on Sunday evenings.

Students may send and receive an unlimited amount of mail in any language. However any amount over the 2 or 3 letters at state expense will be the responsibility of the offender. Monthly their trust fund account will be charged .49 for the cost of a 1st. class stamp and for the cost of the envelope and additional paper. **ONLY** approved visitors on his visiting list may send the offender money in the form of a "**money order**" addressed to his name and his DOC # to:

LETTERS ADDRESS TO

Name/DOC #
Camp Summit Boot Camp
2407 N. 500 W.
La Porte, IN 46350-9765

MONEY ORDERS ADDRESS TO

Miami Correctional Facility
Attn: Trust Fund
3038 W. 850 S.
Bunker Hill, IN 46914

***Make sure you write your son's name DOC # & CAMP SUMMIT on the memo portion of the money order. Address the money order to your son.**

Outgoing mail is dispatched daily Monday – Friday exception of Holidays. Incoming mail is received Monday through Saturday (excluding holidays). Mail call will normally be held after the evening meal. ALL offender mail being sent from the facility will be scanned by staff and initialed, as well as stamped with the DOC return address stamp, listing the offenders name & DOC #.

TEMPORARY LEAVE PROCEDURES

Camp Summit Students may be eligible for Temporary Leaves upon promotion to Transition Level I, (Senior Phase). Parents/guardians must have returned their Parent/Guardian Expectation form and the Placement Confirmation /Home Evaluation must have been completed and approved, by the field agent prior to the student being allowed a temporary leave. Student's behavior and program participation must be deserving of a temporary leave. Students must also be in good standing in the program, and not have a major conduct violation the week prior to the temporary leave.

The student's parent/guardian must have consistent participation throughout the student's program and have at least one face to face meeting with the student's counselor prior to the student being allowed temporary leaves. In addition all required documentation that is enclosed in this packet must be completed and received prior to the student going on a T.L.

Students must submit their request for a temporary leave to their counselor or the shift supervisor, Thursday's by 12:00 p.m. of the week before they are requesting a temporary leave. If a student does not go on his T.L. any particular weekend, that **same** (approved) T.L. will be used the following weekend. Parents should contact the facility on Friday's prior to picking up their son, to make sure their son is still eligible for his T.L. that weekend, and to make sure he has not received any disciplinary actions.

The student's temporary leaves will be for eight (8) hours and the student and his family must stay within LaPorte County. Students ideally will be able to go on two (2) temporary leaves while on transition phase and one (1) on release phase. There will be no temporary leaves granted the weekend prior to a student's final release.

Any student receiving medication will be give a sufficient amount for his temporary leave and is expected to continue taking it as prescribed. Students returning from a temporary leave will be strip-searched, and the T/L sponsor must remain at the facility until it has been completed. Students will also be subjected to a urinalysis/drug screening upon returning to the facility from a temporary leave. Students must return to the facility in the same clothing they left with.

Our normal pick up times for students are Saturday or Sunday 8 am to 8 pm. Students are to return to the facility within the eight hour time period and no later than 8 pm.

Students are required to complete the following on their **First** 8 hour pass:

1. Obtain 2 job applications (parent provided)
2. Complete house rules
3. Provide proof that student is accepted to an education program
4. Complete guardian feedback sheet

Students are required to complete the following on their **Second** 8 hour pass:

1. Obtain 2 job applications (parent provided)
2. Provide proof of all medical follow up appointments
3. Complete guardian feedback sheet

Students are required to complete the following on their **Final** 8 hour pass:

1. Complete guardian feedback sheet

Any exceptions must be made by request of the student's counselor and approved by the Superintendent or designee.



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Commissioner

CAMP SUMMIT STUDENT TELEPHONE SYSTEM

PLEASE DO NOT USE JPAY TO FUND TELEPHONE ACCOUNTS

Dear Parent/Guardian:

For your son to make a telephone call, he must submit a request for immediate family members only, (mother, father, guardian, brother, sister, grandparents, aunts and uncles) to be added to his pre-approved telephone calling list. Friends and family members excluded from the previously mentioned list will not be placed on your son's calling list. Your son provided a list of telephone numbers he would like on his approved list while he was at Logansport Juvenile Intake & Diagnostic Facility. Additions changes, corrections, deletions will only be allowed by written request, unless you notify your son's counselor of any necessary changes due to moving or change of telephone number. Your son will choose a four digit pin # to use along with his DOC number to place calls. Calls can be made in English or Spanish. All calls made through the phone system are collect calls.

Your son will only be able to call one of these pre-approved telephone numbers once a week. He can call cell phone numbers and land line numbers; however, a pre-paid account will need to be set up by calling 877-650-4249 or 866/230-7761. You can also go online to www.pcsdailydial.com. You will be required to pay a \$25 minimum balance. You can do this either by accessing the website or by sending a check or money order to:

PCS Daily Dial
c/o Public Communications Services
PMB #233
12021 Wilshire Bld.
Los Angeles, CA 90025

Please include your name, Camp Summit Boot Camp, and your phone number when you mail your cashier's check or money order.

If you have an out-of-state telephone number your son may not be able to call collect due to 3rd. party billing. You may need to set up an account for out-of-state calls. Call **PCS Daily Dial** or visit their web site to set this up. Do not call your local telephone company as they do not do the billing.

Telephone calling hours are from 6pm to 8 pm CBT Monday – Friday and 8 am to 8 pm CBT on Saturday and Sunday. Students will have the opportunity to sign up for a specific call time on Saturday morning. Telephone calls cannot exceed 10 minutes for students on Cadet Level and 15 minutes for students on Senior Level.

Students who receive a “Loss of Privilege” due to poor behavior are not allowed any telephone calls until the designated completion of their privilege loss. New Recruits will be allowed a call via their counselor during their first week.

The use of any telephone calling features such as Three Way Calling or Call Forwarding is NOT allowed to be used while receiving a telephone call from an offender telephone. Your telephone calling privileges may be suspended and/or further disciplinary action may be taken against the student if calls are forwarded or other unauthorized parties are able to speak to the student.

Student Telephone Hotline System is installed on all student telephones at all Juvenile Correctional Facilities. Students are able to dial #22 (when student telephones are on) and reach this service.

If you have any further questions, please contact me.

Laura Gorbonosenko, Program Director
Camp Summit Boot Camp
219-326-1888 ext. #211

3-15-13:cg

Visitation Rules

1. **Identification:** All visitors who are 16 years of age or older shall be required to show a picture identification. All visitors under the age of 16 must provide a valid copy of their birth certificate. All visitors must present valid identification each time they visit. The only forms of identification accepted by the DOC are:
 - A valid driver's license from the state of residence
 - A valid photo identification card from the state of residence
 - A valid photo military identification card (active duty only)
 - A valid passport
2. **Visitor List:** In order to visit an offender, the visitor must be on the offender's approved visitor's list. Only family members may visit. Family members are limited to:
 - Parents/Step-parents
 - Legal Guardians
 - Brothers and Sisters (including step, half, and adopted)
 - Grandparents
 - Aunts and Uncles
 - Family members residing in the student's household may be considered
3. **Liability:** Visitors enter the Department of Correction Facilities at their own risk. The Department of Correction will assume no liability for any injuries or damage or loss of property as a result of a person entering a visiting area or any other area of the facility
4. **Searches:** All visitors entering a Department of Correction Facility shall be minimally subjected to a frisk search by staff which shall include the breast and groin area being physically searched. With the visitor's consent this search may be conducted by a staff of either gender. Additionally, visitors entering visiting areas shall be subject to additional searches using metal detectors and ion scanning equipment. Specially trained search dogs (K-9s) may be used as a part of the search process both prior to a visitor entering the visiting area and in the actual visiting room during visits. Any person refusing to be searched at any time shall not be permitted to enter the facility and a visit may be terminated if a visitor or contraband prohibited properties are found on the visitor or in the visitor's property. If a visitor does not wish to be searched either by hand or by using other means, the visitor should not attempt to enter a Department of Correction Facility.
5. **Registration:** Visitors must register with staff prior to entering the visiting area. Visitors will be required to sign the entry log and be approved for the visit before they will be allowed to enter the visiting area.
6. **Children:** Visitors under the age of 18 must be accompanied by their parent or legal guardian at all times while on facility grounds. Parents/guardians shall be responsible for the behavior of their children and a visit may be ended if the children become disruptive.

7. **Dress Standards:** Visitors shall wear clothing that poses no threat to the security, custody, or maintenance of order at the facility. The following dress standards must be followed:
- Undergarments must be worn at all times
 - Shoes must be worn at all times, except for infants who are carried
 - Tight fitting clothing such as stirrup pants, lycra pants, or leggings shall not be worn
 - Dresses, skirts, or shorts must be no shorter than two (2) inches above the knee and not have deep slits
 - Halter or tank tops, tube tops, sheer, see-through, or low-cut clothing is not permitted
 - All visitors must wear a shirt/blouse with sleeves
 - No jewelry except a wedding band or set may be worn in the visitation area
 - Hats or other head coverings are not permitted, except as required by religious beliefs
 - No heavy coats or sweaters will be permitted in the visiting area
8. **Items Not Permitted:** Visitors shall not be permitted to possess or carry the following items into the visiting area: Firearms, weapons, knives, ammunition, narcotics, medication (unless the medication is life-saving or life-sustaining, such as nitroglycerin pills, oxygen bottles, bee sting kits, inhalers, etc.), controlled substances, alcoholic beverages, marijuana, tobacco and tobacco related items, cameras, video and audio recording equipment, electronic devices including but not limited to: cameras, cellular phones, pagers, blackberries, radios, tape recorders, etc. Visitors may not carry anything into the visiting area except one (1) clear, plastic baby bottle and/or pacifier and one (1) diaper. Visitors are not allowed to bring any items to the student while here.
9. **Ex-Offenders:** Visitors shall be asked whether they are or have been committed to the Department of Correction. Visitors who are on parole, probation, or under the supervision of a court shall not be permitted to visit an offender without the prior approval of the Superintendent of the Facility and the supervising Parole Agent, Probation Officer, or Court Officer.
10. **Department of Correction Employees:** Visitors shall be asked whether they are current or past employees of the Department of Correction. Current employees of the Department of Correction must have the prior approval of their agency head (Superintendent, Parole District Supervisor, etc.) and the Superintendent of the Facility where they intend to visit before visiting with any offender. Previous employees who have been terminated from their employment with the Department or who resigned prior to being terminated while under investigation for violating a Department procedure shall not be permitted to visit any offender.
11. **Contact Between Offenders and Visitors:** Offenders may embrace (hug) and kiss at the beginning and at the end of the visit. Small children may be permitted to sit on the lap of

the visitor or the offender. Any improper contact between an offender and visitor shall be grounds for stopping the visit immediately and possible restrictions on the visitor's ability to visit the offender. Offenders are to keep their hands above the table in the visitation room and in view of the monitor at all times. If this becomes a problem, the monitor will tactfully insist the student keep their hands placed on the table. Offenders must remain in the visitation room unless an escort can be arranged. Visitors may leave briefly to reasonable causes. Offenders will be strip searched upon completion of the visit.

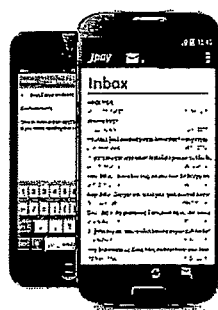
12. **Trafficking:** The giving or receiving of any item(s) to/from an offender without the prior approval of staff shall be considered trafficking. Visitors caught trafficking with offenders shall be subject to arrest, criminal prosecution, and the permanent denial of visits with any offender under the jurisdiction of the Department of Correction. With permission of the Superintendent, the family may bring prescription eyeglasses and a new pair of tennis shoes (shoes must be all black or all white). A request must be submitted to the Superintendent by the offender prior to the family bringing in the item.
13. **Termination of Visits:** The Superintendent of the Facility or staff designated by the Superintendent may terminate a visit at any time if they believe that ending the visit is in the best interest of the safety and security of the persons involved.
14. **Suspension of Visiting Privileges:** The Superintendent of the Facility may temporarily or permanently suspend a person's visiting privileges for violation of Department of Correction or Facility procedures and/or if it is in the best interest of the safety and security of the Facility or persons involved. In cases where a suspension is for 60 days or more, the visitor shall not be permitted to visit any offender or Department Facility until the suspension has been lifted. Visitors shall be notified in writing of any suspension of visiting privileges and shall be permitted to appeal the suspension to the appropriate Executive Director of Juvenile Services.

Graduation Requirements

Satisfactory completion of all the following:

1. Successfully Pass Recruit Handbook Post Test
2. Complete the requirements for all therapeutic programs
3. Completion of Relapse Prevention and Career Plan
4. Completion of all educational requirements including TABE Testing
5. Completion of at least one family session with counselor (must be face to face)
6. No major disciplinary action within the last 2 weeks prior to graduation
7. Points must be above a 90% prior to leaving
8. Completion of 8 hours of Community Service (must be for a non-for-profit)
9. Obtain and complete 4 applications
10. Provide documentation on official letterhead that you are accepted into a High School, College, Vocational, Apprenticeship, or GED program along with the start dates for the semesters/trimesters
11. Provide documentation of all medical follow up appointments

STAYING CONNECTED TO YOUR FRIENDS AND FAMILY JUST GOT EASIER



Email





Use your computer or smartphone to stay connected!

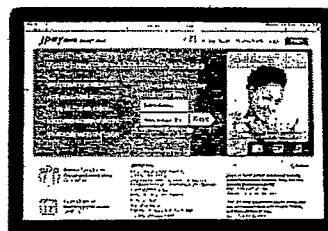
- Send email anywhere with JPay Mobile
- Faster and more convenient than traditional mail
- More affordable than US postage



Money Transfer

The fastest, easiest way to send money, next-day!

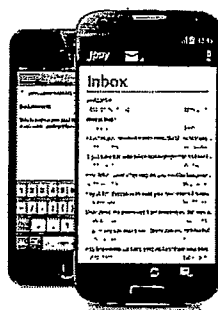
- Online at JPay.com 
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- Use cash at  MoneyGram locations
(receive code 6492)



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Correo Electrónico

Use su computadora o smartphone para mantenerse conectado!

- Envíe correos electrónicos donde quiera con JPay Móvil
- Más rápido y más conveniente que el correo tradicional
- Más barato que los sellos postales

Transferencia de Dinero

La forma más fácil y rápida de enviar dinero, al siguiente día!

- En línea en JPay.com  
- JPay Móvil  
- Número gratis 800-574-5729  
- Use dinero en efectivo en tiendas  MoneyGram.
(código de recibo 6492)



www.JPay.com | 800-574-5729





PLEASE DO NOT USE JPAY TO FUND TELEPHONE ACCOUNTS

Hello,

Please be advised that beginning August 15th, 2011, the Indiana Department of Correction will no longer accept money orders at correctional facilities. All payments to your trust account must be sent through JPay. Below, we've listed several ways that funds can be deposited to your trust account.

- 1.) Go to www.jpay.com and create an account to send money electronically.
- 2.) Call 800-574-5729 to send a payment over the phone.
- 3.) Send a money order, along with the JPay Money Order Form, to:

JPay
P.O. Box 531399
Miami Shores, FL 33153

Money orders forms can be printed from www.jpay.com/moneyorder and will soon be available at every state correctional facility. If your friend/family does not have access to the facility or internet, they can call 866-333-5729, and will be assisted by customer service. A processing fee of \$1.95 will be deducted from each money order.

- 4.) Go to any MoneyGram location, and ask to send money through JPay.

Please note that you may only receive money from people on your approved visitor list. If your friend or family member does not know if they are on your visitor list, they can call JPay at 866-333-5729.

Thank you,

JPay Support



APPLICATION FOR VISITING PRIVILEGES

State Form 14387 (R8 / 11-14)

DEPARTMENT OF CORRECTION

INSTRUCTIONS: 1. Please print. 2. All fields must be completed. 3. Sign the application. 4. Return this application to the offender's counselor as indicated at the bottom of this document. 5. Do not attempt to visit until the offender notifies you that your application was approved. 6. For persons age sixteen (16) and older, submit a legible copy of photo identification. 7. For children under age sixteen (16), submit a legible copy of their birth certificate. 8. Submit a separate application for each applicant, including children.

OFFENDER INFORMATION	
Name of offender	DOC number

The above named offender has requested that you be added to his/her list of approved visitors. In order for this to be done, you must follow the directions above and you (or parent / guardian) must properly complete this application and return it to the facility to the attention of the counselor of the offender's housing unit (do not return it to the offender). If you are approved to visit, it will be the offender's responsibility to notify you and then send you a copy of the rules for visitation. We do not give out this information by telephone.

APPLICANT INFORMATION					
Name of applicant (last, first, middle)			Date of birth (month, day, year)		Race
Current address (number and street, city, state, and ZIP code) - Must match identification used.					Telephone number ()
Driver's license number	State of Issue	State identification number	State of Issue	Other approved identification number	Type
Are you related to the offender? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how? (Must be immediate family.)*			
* Immediate family is limited to mother, father, siblings, spouse, children, grandparents, grandchildren (including those with "step", "half", or adoptive relationships), and those persons with the same relationship to the offender's spouse. Up to a maximum of twelve (12) persons will be allowed on the offender's contact list.					
Applicant under eighteen (18) years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you on parole / probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been incarcerated in a penal facility in any state or any country? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where? (Attach additional sheet, if necessary)		Do you have any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "Yes" to any of the questions in bold, you must submit a special written request for visitation privileges to the Superintendent of the appropriate facility. If you are on parole / probation, you must also submit written approval from your Parole / Probation Officer.					
Are you currently or formerly an employee of the Indiana Department of Correction or any correctional facility in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, location		Last date of employment (month, day, year)
Are you on any other offender's visiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of offender		DOC number	Relationship
Are you now, or have you ever been, a volunteer at an Indiana correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of facility		Type of volunteer	

ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION FOR VISITATION PRIVILEGES WILL RESULT IN IMMEDIATE SUSPENSION OF VISITATION PRIVILEGES AT ALL INDIANA DEPARTMENT OF CORRECTION FACILITIES.

By signing below, you are indicating that: <ul style="list-style-type: none">• You have read, understand, and agree to abide by all rules set forth by the Department of Correction in order to visit any offender at any Department facility.• You understand that you, your property, and your vehicle, while on Department of Correction grounds, are subject to search, including frisk searches and the use of metal detectors, ion scanning equipment, and/or search dogs. You <u>will</u> be searched before being allowed to enter the visiting area. Refusal to submit to a search will result in you not being allowed to visit and you will be required to leave the facility immediately. Such refusal may restrict your ability to visit any offender in any Department of Correction facility.• You understand that a criminal warrants check will be performed on you before you are allowed to visit.• You understand that possession of any firearms, weapons, knives, ammunition, narcotics, controlled substances, alcoholic beverages, marijuana, tobacco or tobacco related items, or electronic devices, including cellular telephones, pagers, or other communication devices is strictly prohibited. Medication and money / currency may only be possessed in accordance with Department rules.• You understand that visits are monitored and videotaped.• You understand that placing an offender on any kind of pen-pal forum or social media will result in disciplinary action for the offender, even if the offender was unaware he/she was placed on any kind of pen-pal forum or social media.• You certify that all of the information provided on this application is true, correct, and as up-to-date as possible to the best of your knowledge and that you will notify the facility of any changes of address, telephone number, etc.	
Signature of applicant	Date (month, day, year)
Signature of parent / legal guardian (if under eighteen (18))	Date (month, day, year)
RETURN THIS FORM TO:	
Name of facility	Attention: Counselor of _____ Housing Unit
Address of facility (number and street, city, state, and ZIP code)	

FOR OFFICE USE ONLY		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of reviewing authority (please sign legibly)	Date (month, day, year)



Michael R. Pence
Governor

CAMP SUMMIT BOOT CAMP
2407 N. 500 W. • LaPorte, Indiana 46350
Phone: (219) 326-1188 • Fax: (219) 326-9218

Bruce Lemmon
Commissioner

September 28, 2010

TO: Parents/Guardians

FROM: Cecil K. Davis, Superintendent

Subject: Authorization for Minor Child to Visit

Please find attached state form #48965 (6-98) which authorizes a person to bring a minor child to visit an offender at Camp Summit Boot Camp.

Any minor child whom is not accompanied by "their" parent or legal guardian must have a visitation form completed and sent in with a copy of their birth certificate, as well as the attached form, which must be signed by one their parents or guardians which gives a specified person permission to bring them to Camp Summit to visit an offender. This form must also be notarized and the original sent back to the facility prior to the minor being allowed a visit.

If you have previously brought this minor for a visit, he/she will now not be allowed visitation until this form has been completed, notarized and approved by the Superintendent or his designee.



AUTHORIZATION FOR MINOR CHILD TO VISIT

State Form 48965 (6-98)

TO: SUPERINTENDENT

FACILITY: Camp Summit Boot Camp

OFFENDER: _____ NUMBER: _____

NAME OF MINOR CHILD(REN) AND AGE

This document authorizes that the above-named child(ren) is (are) authorized to visit the above-named offender who is related to them as _____. As the parent/legal guardian of this/these child(ren),

I hereby authorize the child(ren) to accompany the following person during this visit: _____

(Relationship) _____.

I am fully aware that the above-named offender is housed in a correctional facility and that any visits will occur within the correctional facility and in accordance with the facility's offender visitation procedures.

Signature of Parent/Legal Guardian

Date

Printed name of Parent/Legal Guardian

Before me, a Notary Public, in and for said County and State personally appeared, _____,

who acknowledged the truth of the statements in the foregoing affidavit on this _____ day of _____, 20____.

Signature of Notary Public

County of residence

Printed name of Notary Public

Commission expiration date

PUBLIC TRANSPORTATION TO CAMP SUMMIT

South Shore Railroad – Serving Michigan City to South Bend and to Chicago (Stops in Michigan City) about 8-10 miles from Camp Summit on 11th. St. & Carroll Ave. 219-874-4222 For Information.

Amtrak – Train Service 1-800-872-7245
(Stops in Michigan City) about 8-10 miles from Camp Summit.

Greyhound Bus Service – Not available in Michigan City, Gary, IN or Benton Harbor, MI is the closest

Taxi Service – Yellow Cab of LaPorte County 219-879-8999
Taxi service also available in Porter, and St. Joe counties

For any questions regarding public transportation, please contact your son's counselor listed on first page in this packet.

The seven core goals of Use What You've Got Prison Ministry:

- Goal 1 - Keep families connected
- Goal 2 - Provide an arena for understanding society and different cultures
- Goal 3 - Develop critical thinking in program participants
- Goal 4 - Enhance communication and quantitative skills of participants
- Goal 5 - Foster or establish an understanding of values and ethics
- Goal 6 - Enable integration and application of knowledge, skills and abilities
- Goal 7 - Stimulate intellectual growth and adaptability

Donations

UWYGPM is a non-profit 501(c)(3) public charity. Your donation is tax deductible. We thank you in advance for your generosity.

Children's clothing and toys are needed for our Holiday Assistance program. Please call 924-4124 when your donations are ready for pick up.

Dependable passenger vans and buses are required for our ministry. As UWYGPM is a non-profit 501(c)(3), your vehicle donation will be tax deductible.

Volunteers

Support goes far beyond the financial here at UWYGPM. Our volunteers' time and talent, which makes such a difference in the lives of every family touched by our ministry, is so very appreciated.

Our volunteers include:

- Local drivers** - These drivers provide transportation within Indianapolis to miscellaneous appointments.
- Donation drivers** - These drivers assist in picking up charitable donations.
- CDL drivers** - To drive our families for prison visitation, we are in need of drivers with appropriate CDL licensure.
- Support group leaders** - Structured support groups are needed to help family members while a loved one is absent, as well as upon the initial return to the family.
- Mentors** - More adults committed to developing lasting mentoring relationships with children of incarcerated parents are needed, as it has been noted that these children are greatly benefitted by mentoring.
- UWYGPM** would like to serve the entire state; however, without more vehicles, drivers, and staff, UWYGPM can only currently offer services within the Indianapolis area.

Contact Us

Use What You've Got Prison Ministry

P.O. Box 1521

Indianapolis, IN 46206

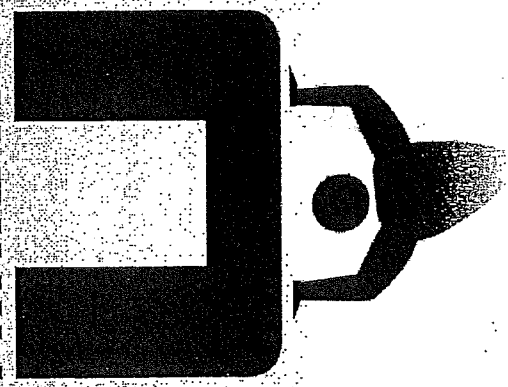
Local Phone: (317) 924-4124

Toll Free: (877) 761-9977

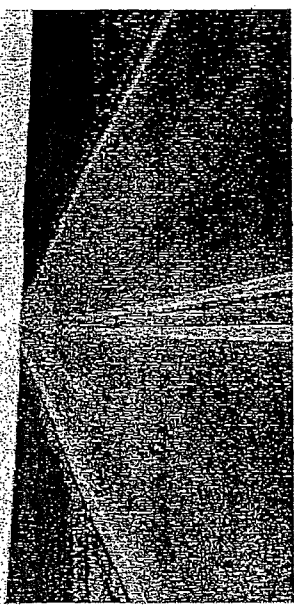
Fax: (317) 926-5543

E-mail: uwygm@sbcglobal.net

USE WHAT YOU'VE GOT PRISON MINISTRY



A DRIVING FORCE FOR FAMILIES





JUVENILE DEVELOPMENTAL HISTORY QUESTIONNAIRE

State Form 54393 (9-10)

INDIANA DEPARTMENT OF CORRECTION

INSTRUCTIONS: To be completed by parent(s) or primary caregiver and returned to the Mental Health Department at the Youth's current correctional facility. Please carefully review all questions and answer to the best of your ability. Notably, not all questions will apply to your child / dependent. A mental health professional assigned to your child / dependent may contact you to clarify answers or obtain further information. Please describe emotional / behavioral concerns about youth, as they apply.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD / ADHD)

Please describe the age of onset for behaviors that you think may be associated with ADD / ADHD. Age of youth in years: _____

Please describe the severity of such behaviors.

☐ Mild ☐ Mild-moderate ☐ Moderate ☐ Moderate-severe ☐ Severe ☐ Incapacitating

Please describe the current status of such behaviors.

☐ Worse ☐ No Change ☐ Improved ☐ Resolved

Please describe the current frequency of such behaviors.

☐ Random ☐ Constant ☐ Daily ☐ Weekly ☐ Monthly

Please describe the youth's quality of life.

Behaviors create problems at home. ☐ Yes ☐ No

Behaviors create problems at school. ☐ Yes ☐ No

Behaviors create problems at work. ☐ Yes ☐ No

Behaviors create problems socially. ☐ Yes ☐ No

Other _____

Please describe the context of such behaviors.

Behaviors have persisted for greater than six (6) months. ☐ Yes ☐ No Behaviors began before age seven (7). ☐ Yes ☐ No

Lead exposure ☐ Yes ☐ No

Other _____

Please describe aggravating factors.

Deadlines ☐ Yes ☐ No

Distractions ☐ Yes ☐ No

Stress ☐ Yes ☐ No

Tasks requiring attention to detail ☐ Yes ☐ No ☐ Nothing

Other _____

Please describe relieving factors.

Behavior therapy ☐ Yes ☐ No Dietary modification ☐ Yes ☐ No Stimulant medications ☐ Yes ☐ No ☐ Nothing

Other _____

Please describe associated symptoms.

Bored easily ☐ Yes ☐ No

Difficulty waiting turn ☐ Yes ☐ No

Disorganized ☐ Yes ☐ No

Distracted easily ☐ Yes ☐ No

Emotionally labile ☐ Yes ☐ No

Excitable ☐ Yes ☐ No

Fidgets / squirms ☐ Yes ☐ No

Frequent careless mistakes ☐ Yes ☐ No

Frustrated easily ☐ Yes ☐ No

Impulsive ☐ Yes ☐ No

Inattentive ☐ Yes ☐ No

Loses / forgets things ☐ Yes ☐ No

Poor self-image ☐ Yes ☐ No

Reckless ☐ Yes ☐ No

Restless ☐ Yes ☐ No

Short attention span ☐ Yes ☐ No

Talks excessively ☐ Yes ☐ No

Unable to follow directions ☐ Yes ☐ No

☐ No associated symptoms

Other _____

Additional comments:

OTHER AREA OF CONCERN

Such as: ☐ Anxiety ☐ Trauma ☐ Psychosis ☐ Self-harm ☐ Violence toward others

Other _____

Please describe the age of onset for behaviors that you think may be associated with the other area of concern. Age of youth in years: _____

Please describe the severity of such behaviors.

☐ Mild ☐ Mild-moderate ☐ Moderate ☐ Moderate-severe ☐ Severe ☐ Incapacitating

Please describe the current frequency of such behaviors.

<input type="checkbox"/> Two (2) times per week	<input type="checkbox"/> Three (3) times per week	<input type="checkbox"/> All the time
<input type="checkbox"/> Almost all the time	<input type="checkbox"/> Almost always	<input type="checkbox"/> Almost never
<input type="checkbox"/> Always	<input type="checkbox"/> Constantly	<input type="checkbox"/> Daily
<input type="checkbox"/> Every month	<input type="checkbox"/> Every two (2) months	<input type="checkbox"/> Frequently
<input type="checkbox"/> Intermittently	<input type="checkbox"/> Never before	<input type="checkbox"/> Morning only
<input type="checkbox"/> Night only	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Persistently
<input type="checkbox"/> Rarely	<input type="checkbox"/> Weekly	<input type="checkbox"/> No pattern

Other _____

Please describe the current status of such behaviors.

<input type="checkbox"/> Improved	<input type="checkbox"/> Improvement, gradual	<input type="checkbox"/> Improvement, rapid
<input type="checkbox"/> Improvement, steady	<input type="checkbox"/> No change	<input type="checkbox"/> No relief
<input type="checkbox"/> Relief, temporary	<input type="checkbox"/> Resolution of problem	<input type="checkbox"/> Worse
<input type="checkbox"/> Worse, gradually	<input type="checkbox"/> Worse, rapidly	<input type="checkbox"/> Worse, steadily

Please describe the youth's level of functioning with difficulty in meeting home, work, school, or social obligations.

☐ Extremely ☐ Not at all ☐ Somewhat ☐ Very

Please describe **aggravating** factors that seem to make the behavior or symptom worse.

Please describe **relieving** factors that seem to make the behavior or symptom better.

Please describe **associated** symptoms or behaviors displayed by the youth.

Additional comments:

OTHER AREA OF CONCERN (continued)

Please describe any outpatient mental health treatment that the youth was receiving in the community at the time of detention or incarceration.

- ☐ None
- ☐ Day treatment (setting with both schooling and mental health treatment)
- ☐ After care (follow up treatment after release from a psychiatric hospital)
- ☐ Psychiatric medications
- ☐ Psychotherapy (individual, group, or family counseling)

Other _____

Briefly describe the nature of such treatment:

SOCIAL HISTORY

Youth primarily resides with:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Father | <input type="checkbox"/> Two (2) mothers |
| <input type="checkbox"/> Two (2) fathers | <input type="checkbox"/> Adoptive mother | <input type="checkbox"/> Adoptive father |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Foster mother |
| <input type="checkbox"/> Foster father | <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Sister(s) |
| <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Half sister(s) | <input type="checkbox"/> Half brother(s) |
| <input type="checkbox"/> Multiple families | <input type="checkbox"/> Stepbrother(s) | |

Other _____

Youth secondarily resides with:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Father | <input type="checkbox"/> Two (2) mothers |
| <input type="checkbox"/> Two (2) fathers | <input type="checkbox"/> Adoptive mother | <input type="checkbox"/> Adoptive father |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Foster mother |
| <input type="checkbox"/> Foster father | <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Sister(s) |
| <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Half sister(s) | <input type="checkbox"/> Half brother(s) |
| <input type="checkbox"/> Multiple families | <input type="checkbox"/> Stepbrother(s) | |

Other _____

Please describe youth's tobacco exposure.

Smokes at home: ☐ Yes ☐ No

Smokes outside only: ☐ Yes ☐ No

Please describe typical child care arrangements for youth.

- | | | | |
|--------------------------------------|---------------------|----------------------------------|---------------------|
| <input type="checkbox"/> Mother | Days per week _____ | <input type="checkbox"/> Father | Days per week _____ |
| <input type="checkbox"/> Grandparent | Days per week _____ | <input type="checkbox"/> Sibling | Days per week _____ |
| <input type="checkbox"/> Nanny | Days per week _____ | <input type="checkbox"/> Daycare | Days per week _____ |
| <input type="checkbox"/> Sitter | Days per week _____ | | |

Name of daycare facility _____

Please describe youth's hand dominance. ☐ Right ☐ Left

Please describe youth's parent / caretaker's occupation.

Occupation of father _____

Occupation of caretaker _____

Occupation of mother _____

SOCIAL HISTORY (continued)

- Learning disability ☐ Yes ☐ No If yes, please describe:
- ☐ Articulation disorder ☐ Dyscalculia ☐ Dyslexia ☐ Expressive language disorder
- ☐ Motor skills disorder ☐ Receptive language disorder ☐ Writing disorder

Other _____

- Special needs ☐ Yes ☐ No If yes, please describe:
- ☐ ADD ADHD ☐ Behavior problems ☐ Excessive absences ☐ Failing ☐ IEP in place
- ☐ IEP pending ☐ Math ☐ Math and reading ☐ Physical disability ☐ Reading
- ☐ Special needs classroom ☐ SPED / LD ☐ Speech

Gifted program ☐ Yes ☐ NoPerforming: ☐ Below grade level ☐ At grade level ☐ Above grade levelLikes school ☐ Yes ☐ No Truancy ☐ Yes ☐ No

Youth's educational goals:

- ☐ Get a job ☐ College ☐ Graduate from high school ☐ Military career ☐ Professional school

Other _____

Repeated grades ☐ Yes ☐ No Grade(s) repeated _____

Why? _____

History of suspension or expulsion ☐ Yes ☐ No

Why? _____

Please describe youth's sleep.

- Takes naps ☐ Yes ☐ No Sleeps with parents / caretakers ☐ Yes ☐ No
- Sleeps through the night ☐ Yes ☐ No Minimum of 8.5 hours sleep nightly ☐ Yes ☐ No
- Nightmares / sleep problems ☐ Yes ☐ No

Further detail about youth's sleep quality.

- ☐ No concerns ☐ Has difficulty falling asleep ☐ Has difficulty staying asleep ☐ Has night terrors
- ☐ Has nightmares ☐ Has restless sleep ☐ Sleepwalks ☐ Sleeps through the night

Further detail about youth's sleep location.

- ☐ In own room ☐ In parents' bed ☐ In parents' room ☐ In room with sibling

Other _____

Further detail about youth's sleep method.

- ☐ On own ☐ Only when read to ☐ Only with parent present Other _____

Further detail about youth's sleep position.

- ☐ On abdomen ☐ On back ☐ On side Other _____

Further detail about youth's sleep time.

Number of naps per day: _____ Number of hours sleep per day: _____

Please describe youth's activity.

Hours per day of exercise / sports: _____ Hours per day of TV / computer games: _____

Further detail about youth's type of exercise.

- ☐ Aerobic ☐ Ballet ☐ Baseball / softball ☐ Basketball ☐ Cheerleading ☐ Cycling
- ☐ Football ☐ Golf ☐ Gymnastics ☐ Hiking ☐ Hockey ☐ Dancing
- ☐ Jogging ☐ Martial arts ☐ Motor sports ☐ Soccer ☐ Swimming ☐ Walking
- ☐ Weights ☐ Wrestling Other _____

Further detail about youth's type of activities.

- ☐ After school program ☐ Chorus ☐ Drama ☐ Musical instrument ☐ School club

Other _____

ADDITIONAL SOCIAL HISTORY (continued)

Treated for psychiatric problem. ☐ Yes ☐ No If yes, please list diagnoses: _____
Diagnoses: _____ Age at time of diagnosis: _____
Diagnoses: _____ Age at time of diagnosis: _____
Name of Psychiatrist _____ Telephone number _____
Name of Therapist _____ Telephone number _____

Family history of psychiatric problems. ☐ Yes ☐ No
If yes, please describe: _____

Please describe youth's child abuse history.

Does youth have a confirmed history of child abuse? ☐ Yes ☐ No If yes, ☐ Ongoing or ☐ Past
Offender 1 _____ Type of abuse: ☐ Physical ☐ Sexual ☐ Verbal
Offender 2 _____ Type of abuse: ☐ Physical ☐ Sexual ☐ Verbal
Offender in home ☐ Yes ☐ No Restraining order in place ☐ Yes ☐ No Suspected child abuse ☐ Yes ☐ No
Suspected offender 1 _____ Type of abuse: ☐ Physical ☐ Sexual ☐ Verbal
Suspected offender 2 _____ Type of abuse: ☐ Physical ☐ Sexual ☐ Verbal

Has youth ever been placed in a girls' / boys' home or foster home? ☐ Yes ☐ No

Has youth been convicted of a sexual offense? ☐ Yes ☐ No

Please describe youth's child neglect history.

History of neglect. ☐ Yes ☐ No Offender _____
Reason _____
Suspected neglect. ☐ Yes ☐ No Offender _____
Reason _____
DCS involvement. ☐ Yes ☐ No Case Worker _____
Telephone number _____

Please describe youth's incarceration history.

History of incarceration. ☐ Yes ☐ No
Duration of incarceration from _____ (month, day, year) to _____ (month, day, year)
Crime convicted of _____
Duration of probation from _____ (month, day, year) to _____ (month, day, year)
Duration of incarceration (dates) from _____ (month, day, year) to _____ (month, day, year)
Crime convicted of _____
Duration of probation (dates) from _____ (month, day, year) to _____ (month, day, year)
Duration of incarceration (dates) from _____ (month, day, year) to _____ (month, day, year)
Crime convicted of _____
Duration of probation (dates) from _____ (month, day, year) to _____ (month, day, year)
Duration of incarceration (dates) from _____ (month, day, year) to _____ (month, day, year)
Crime convicted of _____
Duration of probation (dates) from _____ (month, day, year) to _____ (month, day, year)

ADDITIONAL SOCIAL HISTORY (continued)

Diagnosis / Problem: _____ Date of onset (month, day, year): _____

Type of treatment (counseling, meds): _____ Date of treatment (month, day, year): _____

Treatment setting (hospital, outpatient): _____

Name of provider: _____

Treatment outcome: ☐ Failed ☐ Improved ☐ Resolved ☐ Successful ☐ Worsened

Other _____

Comments: _____

Diagnosis / Problem: _____ Date of onset (month, day, year): _____

Type of treatment (counseling, meds): _____ Date of treatment (month, day, year): _____

Treatment setting (hospital, outpatient): _____

Name of provider: _____

Treatment outcome: ☐ Failed ☐ Improved ☐ Resolved ☐ Successful ☐ Worsened

Other _____

Comments: _____

Diagnosis / Problem : _____ Date of onset (month, day, year): _____

Type of treatment (counseling, meds): _____ Date of treatment (month, day, year): _____

Treatment setting (hospital, outpatient): _____

Name of provider: _____

Treatment outcome: ☐ Failed ☐ Improved ☐ Resolved ☐ Successful ☐ Worsened

Other _____

Comments: _____

Name of psychiatrist _____ Telephone number _____

Name of therapist _____ Telephone number _____

* Correctional mental health professionals to obtain consent for release of information on above mentioned community providers from the facility Superintendent / Legal Guardian.

Please describe youth's psychiatric medication history.

* Correctional health professionals need below information to verify past prescriptions.

Medication type _____ Date last taken (month, day, year) _____

Name of Pharmacy _____ Telephone number _____

Name of prescribing clinic / doctor _____

Telephone number _____

Medication type _____ Date last taken (month, day, year) _____

Name of Pharmacy _____ Telephone number _____

Name of prescribing clinic / doctor _____

Telephone number _____

DEVELOPMENTAL HISTORY (continued)**LABOR AND DELIVERY**

Type of delivery _____

Gestational age (weeks) _____ (days) _____ premature Birth weight _____

Other _____

Please describe anything significant about youth's hospital stay after birth (e.g., fetal distress, stay in NICU, birth defects, medication given).

Please describe anything significant about youth's discharge from the hospital (e.g., feeding history, weight, referral to social services, adoption).

DEVELOPMENTAL MILESTONES

MILESTONE	EARLY	ON TIME	LATE	UNKNOWN
Smiled directly at parent or turned toward speaker.				
Slept mostly through the night				
Sat up				
Crawled				
Said single words clearly				
Spoke in sentences				
Walked unassisted				
Ate with a fork or spoon with help				
Toilet trained				
Dressed unassisted				
Rode a two-wheel bike without training wheels				
Reading				
Puberty				

FAMILY HISTORY

Please describe youth's behavioral health family history.

DIAGNOSIS	FAMILY MEMBER	NAME	AGE DIAGNOSED	COMMENT

Please describe youth's interactions with family members.

☐ Supportive ☐ Strained ☐ Dysfunctional ☐ No family ☐ Estranged (separated, not speaking, or on bad terms)

Other _____